PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004									10/544178			
CLAIMS AS FILED - PART I								SMALL EN	ΠΪΥ	OR	OTHER SMALL	
U.	S. NATIONAL	STAGE FEES	(Column 1)			(Column 2)		RATE	T ===	7		7
BASIC FEE			SMALL ENT. = \$ 150		100	GE ENT. = \$ 300			FEE	-	RATE	FEE
EXAMINATION FEE			Satisfies PCT Article 33(1)-			other situations =		BASIC FEE	 	OR	BASIC FEE	300
			(4) = \$5	(4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$ 100 / \$ 200		EXAM. FEE	ļ	.	EXAM, FEE	200
SEARCH FEE			ALL other countries = \$ 200 / \$ 400			ther situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =		1	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			/O minus 20 =		•			X \$ 25 =		OR	X \$ 50 =	_
INDEPENDENT CLAIMS			minus 3 =		. —			X \$ 100 =		ÖR	X \$ 200 =	
		NDENT CLAIM PR				凶		+ \$ 180 =		OR	+ \$ 360 =	360
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	12.60
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL (ENTITY	OTHER THAN		
AMENDMENT A	10	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	10	Minus	- 20	2	• 0	I	X \$ 25 =		OR	X \$ 50 =	
	Independent	<u> </u>	Minus	3		- 0	ſ	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI				LAIM		ſ	+ \$ 180 =		OR	+ \$ 360 =	
					•		7	FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2\	(Cab 2)				- •		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	(Column 3) PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**			Г	X \$ 25 =		OR	X \$ 50 =	
AMENDA	Independent	•	Minus	***		•		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF MI	ULTIPLE DEPE	NDENT CL	AIM		r	+ \$ 180 =		OR	+ \$ 360 =	
										OR	TOTAL ADDIT. FEE	
• t	the entry in colum	mn 1 is less than the	entry in column 2	, write "O" in c	column	3 .						
8	the Highest Nur	mber Previously Paid mber Previously Paid ber Previously Paid I	FOR IN THIS SPA	ACE is less th	an T.	enter "3".	the a	ppropriate box i	in column 1.			

FORM PTO-675 (Rev. 02/2005)

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